

**TB DIAGNOSTIC REFERRAL FORM:**

### Active TB Disease or Latent TB Infection (LTBI)

Agency \_\_\_\_\_

Address

Phone/Fax

Today's Date \_\_\_\_\_

## Contact

Title

Phone

Patient Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

DOB Sex Race

Attending Physician	Phone
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Public Health Manager \_\_\_\_\_ Phone \_\_\_\_\_

This person is being referred because he/she had a Positive Tuberculin/TST Result:

Date \_\_\_\_\_

Induration in mm

Reason for TST/Mantoux:        ( ) Contact of known TB case

( ) Foreign born; Country of origin \_\_\_\_\_

( ) Occupational \_\_\_\_\_

( ) Other \_\_\_\_\_

**FURTHER DIAGNOSTIC TESTS REQUIRED:** (Core Curriculum; 4<sup>th</sup> Edition, 2000)

A complete medical evaluation for TB includes: **1. Tuberculin/TST skin test; 2. Chest X-ray; 3. Medical history; 4. Physical examination; and 5. Bacteriological or histologic exam if needed based on symptoms and chest X-ray**

## Chest X-ray

Date \_\_\_\_\_

## Results

Previous X-ray dates &amp; results \_\_\_\_\_

## Symptoms

( ) Productive, prolonged cough ( ) Chest pain ( ) Hemoptysis

( ) Weight loss ( ) Appetite loss ( ) Tires easily ( ) Night sweats

( ) Fever      ( ) Chills

## Physical Exam

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## Risk Factors

Liver Disease ( )Yes ( )No ( ) Hepatitis A, B or C Type \_\_\_\_\_

For Treatment

Diabetes      ( ) Yes    ( ) No      ( ) Type I      ( ) Type II

Organ Transplant ( )Yes ( )No Date\_\_\_\_\_ Type\_\_\_\_\_

Injecting Drug Use within the past year    ( )Yes    ( )No

Non-Injecting Drug Use within past year ( )Yes ( )No

Excess Alcohol Use within past year      ( )Yes   ( )No

Other Comments: \_\_\_\_\_

Diagnosis    ( ) Presumptive/Active TB - **notify your local health department ASAP**  
                  ( ) Latent TB Infection (LTBI), Active TB Disease ruled out.

**\*Treatment of LTBI** \_\_\_\_\_

\* Until Active TB disease is completely ruled out, DO NOT start patient on medications for treatment for Latent TB Infection (LTBI).

*Treatment recommendations for Latent TB Infection:* 1. A 9-month regimen of INH is considered optimal for both HIV-positive and HIV-negative adults; 2. A 6-month regimen may also provide sufficient protection. 3. Pyridoxine (Vit B6) is often given to reduce the incidence of INH induced peripheral neuropathy when INH doses exceed 5mg/kg or the patient has HIV, diabetes, alcoholism, malnutrition, pregnant, seizures. *Core Curriculum on TB, 4<sup>th</sup> Edition, 2000.* [http://www.cdc.gov/nchstp/tb/pubs/slidesets/core/html/trans6\\_slides.htm](http://www.cdc.gov/nchstp/tb/pubs/slidesets/core/html/trans6_slides.htm)

**Monitoring Protocol**

1. Baseline liver panel for patients with HIV, alcoholism, history of liver disorder, risk for liver disorder, pregnant and immediate postpartum
2. Monthly follow-up to evaluate adherence and signs & symptoms of active disease
3. Weekly to monthly (depending on meds) follow-up to evaluate for signs & symptoms of hepatitis

Physician \_\_\_\_\_ Phone \_\_\_\_\_

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Your Local Health Department offers the following services for patients with Active TB Disease and Latent TB Infection (LTBI):\*

1. Help obtaining anti TB medications
2. Regular monitoring of patient adherence
3. Regular monitoring of patient's for changing signs and symptoms of TB
4. Regular monitoring of adverse reactions to anti TB medications
5. Regular communication with prescribing physician

\*If you are referring this patient to the health department for treatment monitoring please send the original Rx for INH and Pyridoxine (if prescribed) to your local health department or with the patient.

**Please return this form to the** \_\_\_\_\_  
(Local health department name & contact person)